

## KURARAY MEDICAL INC.

Dental Material Department 12-39, 1-Chome, Umeda, Kita-ku, Osaka 530-8611, JAPAN

: +81-6-348-2603 Phone Facsimile: +81-6-348-2552 K012705

SEP 1 1 2001

## 510(k) SUMMARY

1. Submitter

1) Name

2) Address

3) Contact person

4) Date

5) Contact person in U.S.A.

KURARAY MEDICAL INC.

1621 Sakazu, Kurashiki, Okayama 710-8622, Japan

Koji Nishida

DENTAL MATERIAL DEPARTMENT

August 9, 2001 Masaya Sasaki

30th Fl. Metlife Building, 200 Park Avenue, New York,

NY 10166

Telephone: (212)-986-2230

1-(800)-879-1676

Facsimile: (212)-867-3543

3. Name of Device

1) Proprietary Name

2) Classification Name

CLEARFIL PHOTO CORE Tooth shade resin material

3) Common/Usual Name

Light-cured Composite Resin for Core Build Up

3. Predicate device:

Kuraray Co., Ltd. will transfer the medical device business and the relevant functions including manufacturing facilities to its subsidiary company named Kuraray Medical Inc. on October 1st 2001. The aim of 510(k) submission is to alter the name and address of manufacturer, and not to intend other changes.

The predicate device is as follow.

CLEARFIL PHOTO CORE by Kuraray Co., Ltd.

(K882006)

4. Description for the premarket notification

This product is classified into Tooth shade resin material, CFR 29 Section 872.3690, because it is a device composed of materials such as bisphenol A glycidylmethacrylate (Bis-GMA) intended to be used for core build-up.

5. Statement of the intended use

The intended use of this device is as follow. That is completely the same as CLEARFIL PHOTO CORE manufactured by Kuraray Co., Ltd. (K882006).

1) Restoration where a light-curing composite for core build-up is required.

6. Statement of the technological characteristics and safety

This device is essentially the same as CLEARFIL PHOTO CORE manufactured by Kuraray Co., Ltd. (K882006). Therefore the technological characteristics, chemical ingredients and safety of this device are completely the same as CLEARFIL PHOTO CORE.



SEP 1 1 2001

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Kuraray Medical Incorporated C/O Ms. Masaya Sasaki Kuraray America, Incorporated 30<sup>th</sup> Floor Metlife Building 200 Park Avenue New York, New York 10166

Re: K012705

Trade/Device Name: Clearsil Photo Core

Regulation Number: 872.3690

Regulation Name: Light-Cured Composite Resin for Core Build Up

Regulatory Class: II Product Code: EBF Dated: August 9, 2001 Received: August 14, 2001

Dear Ms. Sasaki:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not

mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (section 531-542 of the Act; 21); CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4613. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html.

Sincerely yours

Timothy A. Ulatowski

Director

Division of Dental, Infection Control and General Hospital Devices Office of Device Evaluation Center for Devices and Radiological Health

K012705

| 510(k) Number (if known)                   | ): <u>KO12105</u>  |
|--|--|
| Device Name: CLEARFII                      | , PHOTO CORE   |
|  | Indications for Use  |
| CLEARFIL PHOTO COR  1) Restoration where a | RE is indicated for the following applications:<br>light-curing composite for core build-up is required. |
|  |  |
|  |  |
|  |  |
|  |  |
| (PLEASE DO NOT WRIT                        | E BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)  |
| <b>b</b>                                   |  |
| Con  | ncurrence of CDRH, Office of Device Evaluation (ODE)   |
|  |  |
|  |  |
| Prescription Use                           | OR Over-The-Counter Use  |
|  | (Optional Format 1-2-96)   |
|  |  |
|  | Swan Quar  |
|  | (Division Sign-Off) Division of Dental, Infection Control,   |
|  | and General Hospital Devices 705   |
|  |  |